

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

35366

State File No. _____

FILED NOV 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>				
b. CITY OR TOWN <u>Rural Washington KANSAS CITY</u>				c. LENGTH OF STAY (in this place) <u>49 YRS.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1004 E. 92ND. STREET</u>				d. STREET ADDRESS (If rural, give location) <u>1004 E. 92ND. STREET</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>STERLING</u>			b. (Middle) <u>MERRITT</u>			c. (Last) <u>MERRITT</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 23 1952</u>								
5. SEX <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8 MAY 1883</u>		9. AGE (In years last birthday) <u>69</u>	10. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BRIDGE BL.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>PIOLIT GROVE, MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>LOLA MERRITT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>702-14-6018</u>			17. INFORMANT'S SIGNATURE OR NAME <u>LOLA MERRITT</u> ADDRESS <u>1004 E. 92ND. ST.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm. H. Adams, Coroner</u>			23b. ADDRESS <u>1234 North 1st St.</u>			23c. DATE SIGNED <u>10/25/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			24b. DATE <u>25 OCT.</u>			24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>		
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>								
DATE REC'D BY LOCAL REG. <u>10/25/52</u>			REGISTRAR'S SIGNATURE <u>Dr. Annie G. Hedges</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FLORAL HILLS MEMORIAL CHAPELS K.C.</u>		

(Licensed Embalmer's Statement on Reverse Side)

MO.

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1952

*Ly. C. ...
Rella ...*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Phyllis C. ...

Licensed Embalmer No. 4853

P. O. Address

H. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.